

North Carolina Department of Public Safety
Equal Employment Opportunity Office
512 N. Salisbury Street, 4204 MSC, Raleigh, NC 27699-4204
Phone: (919) 733-4080 Fax: (919) 716-3958

EEO COMPLAINT FORM

Name: _____

Home Address: _____

Telephone: work (____) ____ - ____ home (____) ____ - ____ cell (____) ____ - ____

Division/ Facility/ Work Location: _____

Position Title: _____

Shift or normal work schedule: _____

Immediate Supervisor: _____

TYPE OF COMPLAINT: (Check appropriate charge)

_____ **Discrimination**
_____ **Workplace Harassment**
_____ **Retaliation**

BASIS OF CHARGE: (must declare at least one)

_____ **Race**
_____ **Sex**
_____ **Creed**
_____ **Religion**
_____ **National Origin**
_____ **Political Affiliation**

_____ **Age**
_____ **Disability**
_____ **Color**
_____ ***Genetic Information**
_____ ***Sexual Orientation**

* Complaints based on Genetic Information and Sexual Orientation are limited to the DPS internal grievance process.

Description of Charges

Must provide a narrative description of the complaint including what happened, date(s) of alleged incident(s), the harasser(s) or respondent(s), and witnesses, including their full names, position titles and work locations, if known.

_____(Use additional pages as needed and number pages.)

[illegible]

_____ (Use additional pages as needed and number pages.)

Date: _____